

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P930000021918

1. Corporation Name

BRIGHT VINYL SUPPLY, INC.

Principal Place of Business

Mailing Address

391-B CORPORATE WAY
ORANGE PARK, FL 32073

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

1997-1999

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/93

5. FEI Number

59-3173259

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	ROBERT M. BARNES, JR.	306 GLENLYON DR.	ORANGE PARK, FL 32073
VP	JANET BARNES	306 GLENLYON DR.	ORANGE PARK, FL 32073
VP	ROBERT M. BARNES, III	1157 NESTING EAGLES LN.	JACKSONVILLE, FL 32225

102738141-11
-02/24/99-01093-011
***1058.75 ***1058.75
1058.75

8. Name and Address of Current Registered Agent

~~BARRY FOX~~
LYNN SALVATORE, ESQ.
2301 PARK AVENUE, STE. 404
ORANGE PARK, FL 32073

9. Name and Address of New Registered Agent

RICHARD R. THAMES, ESQ.
121 W. FORSYTH ST.
STE. 600
JACKSONVILLE
FL 32202

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/17/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET W. BARNES

[Signature]
Continued

Date

2/17/99

Daytime Phone #